

## ISSUE SLIP STAPLE AREA (for additional cross references)

REC'D  
6/24  
AG

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	9.4		
O.I.P.E. CLASSIFIER	12		5/17/03
FORMALITY REVIEW	EXA3		9/20
RESPONSE FORMALITY REVIEW			10-24-03

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	5/17/03
2	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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100-09763300  
10-24-03

APPLICANT  
NAME

TITLE

CLAIM  
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Form PTO-436  
(Rev. 6/93)